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## **A timely recovery for literature on disasters and older adults**

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# Book Reviews

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## A TIMELY RECOVERY FOR LITERATURE ON DISASTERS AND OLDER ADULTS

Toner, John A., Mierswa, Theresa M., & Howe, Judith L., (2010). *Geriatric Mental Health Disaster and Emergency Preparedness*. New York, NY: Springer Publishing Company. pp. 422. \$70.00 (paper).

Otani, Junko. (2010). *Older People in Natural Disasters*. Kyoto, Japan and Victoria, Australia: Kyoto University Press and Trans Pacific Press. pp. 176. \$84.95 (paper).

Historically, natural disasters, such as hurricanes, floods, earthquakes, and human-made catastrophes, such as bioterrorism, have had a great impact on our planet and our society. Disasters not only change the place we live in but they can also change the way we live. Similarly, the aging of the world population is also changing our world. This demographic shift recently has forced researchers, practitioners, and policy-makers to examine and rethink how best to manage this phenomenon. Within the last two decades, researchers, practitioners, and policy-makers began to address, prepare, and improve disaster responses relevant to older adults. Those in the aging field are now considering the special needs of this potentially vulnerable population in the event of an emergency. Although the study of how disasters impact humans, specifically in the United States, began following World War II, it was not until the 1950s that age categories were used in disaster research. By the 1960s, research on how disasters affected older people began appearing, and the following decade saw the introduction of research specifically focused on older adults. Since then, interest in the topic has waxed and waned. Substantial interest in the topic of older adults and disasters did not exist until events, such as 9/11 and Hurricane Katrina. The lack of support and social

services for older adults who became isolated in New York City following the collapse of the twin towers and the numerous deaths of nursing home residents in Louisiana made headlines and drew support for improved response mechanisms.

Given the newness of the field and the relatively limited amount of research available, publications on this topic are few, although journal articles and books appear to be increasing, however, slowly. Recently, experts published two books focused on disasters and older adults. The topics covered were post-disaster reconstruction housing and disaster mental health—two areas that have been addressed in the disaster literature but not at great length. The publication of these books is a positive move toward reducing the gap in the literature.

The first book, Junko Otani's *Older People in Natural Disasters* (2010), looks at post-disaster reconstruction housing in Kobe, Japan, following the 1995 Great Hanshin Earthquake. Otani's research focused on older people who lost their homes in the earthquake and were forced to relocate into temporary shelter housing (TSH) and public reconstruction housing (PRH) after the disaster. In the first two chapters of the book, Otani provides useful background information about the Japanese aging population, including demographics and trends, and a description of the earthquake and its immediate effect on the housing of elders in the community. She uses media reports, such as newspaper and journal articles that describe how the earthquake affected the older adults' health, to compare media findings to those in publications from other disaster studies. She describes how the media influenced public opinion, how older adults responded to the earthquake, and subsequent changes in the housing availability. The book goes on to discuss the

Japanese notion of “community” compared with that of other countries, providing context for the significance and impact of the different housing options made available to the displaced elders. Otani also describes the influence of media and how it applies to social policy following a disaster. Another topic of discussion includes isolation and how it differed during the Kobe earthquake compared with the Chicago heat wave in 1995. Her overall conclusion was that the current literature does not focus enough on the social context of disasters and older adults and that there is a gap in the literature addressing the long-term effects of natural disasters on older adults.

In the third and fourth chapters, Otani describes the methodology used for the study, explaining her three research methods: media analysis, ethnographic research, and secondary data analysis. Otani discusses how she applies these methods to compare the TSH and PRH housing schemes and examines how the allocation of housing created problems among low-income earners and displaced elders. An interesting aspect of her discussion is the description of how her personal characteristics influenced her access to research sites, how they may have affected the interviews she conducted, and how her dress, appearance, and language may have influenced her access to people for interviews and data collection. This understanding is crucial to researchers preparing to conduct disaster research in unfamiliar cultures.

Chapters five and six focus on the two types of housing made available by the Japanese government following the earthquake: TSH (one-level temporary apartments consisting of 5–10 units with one or two rooms in each unit) and PRH (modern high-rise apartment buildings). Three months after the earthquake, the government relocated people from evacuation shelters to TSH sites, which eventually evolved into communities where some people resided for more than three years. TSH residents included a large number of older adults and low-income occupants. The author analyzes the older TSH population’s physical and mental health and their understanding of their living situation by using media reports, published reports, interviews, and site visits. Many of the TSH residents moved to PRH when permanent PRH units became available. The author discusses how the media influenced the residents’ attitudes toward the housing and how some of the older residents preferred to stay in the TSH because it seemed more like a community compared with the

more isolated PRH residence. She describes how, although the PRH was not built specifically for older adults, the PRH communities had been developed incorporating the needs of the older residents. Otani explains the different services that were made available to the older residents and how various community groups and welfare commissioners worked to help influence the services that were provided. These two chapters provide an interesting description of the residents’ life in the TSH and PRH and compare it with the media and government perception of the residents’ recovery from the earthquake. These two chapters highlight the essential lesson learned for any government responding to the needs of older adults following a disaster: recovery should be focused on the actual needs of the person affected by the disaster and not what governments and response agencies assume the individuals need. Older adults should be included in disaster planning and response to ensure their needs are identified and addressed.

The final two chapters address loneliness and *kodokushi* or isolated death. Otani describes in her review of the media reports and field observations that the older residents expressed loneliness for several reasons that were often different from those described by the media and in government reports. The author points out that residents of TSH and PRH often reported feeling lonely and that the media tried to portray the loneliness as a result of how the public administration had handled the housing situation following the earthquake. She found that, although people felt lonely in both TSH and PRH, the older residents felt a different type of loneliness. Residents stated they felt the TSH was more of a community, whereas the PRH consisted simply of many people living together, yet still feeling lonely, a result of not living in a close familiar community. This chapter provides an excellent example of how the development of a reconstruction housing site can affect an older person in his or her disaster recovery.

Otani discusses how some TSH and PRH residents experienced *kodokushi*, the process of dying alone without the support of family. Japanese society frowns upon *kodokushi*, and the author describes how people feel it is very important for children to be with their parents as they die. Otani illustrates how the media often used the term “*kodokushi*” to create alarm and draw attention from the public. This chapter is a good example of how culture and beliefs can influence the public and the disaster survivors’ view of the disaster recovery.

Overall, *Older People in Natural Disasters* provides a unique in-depth look at how older people in Japan recovered in reconstruction housing following an earthquake. Otani addresses the media and government's influence on the recovery process compared with the victims' perspective, something that often is not looked at closely in the literature. She also highlights cultural influences in data accessibility and culture's key role in the recovery process. This provides a prime example of why research findings from one country may not be easily applied to other countries. It is also an excellent example of how disaster recovery can vary based on the location and type of disaster. Overall, this book provides a detailed and thorough picture for those interested in the relocation and housing of older adults following a major disaster, and the governmental and media influence on their disaster recovery. The research methods used offer the reader ideas on how best to approach this type of research.

The second book, edited by John A. Toner, Therese M. Mierswa, and Judith L. Howe, *Geriatric Mental Health Disaster and Emergency Preparedness*, significantly contributes to the somewhat limited literature available on this topic. This book is a collection of chapters, written and edited by knowledgeable leaders in the field, that address the many aspects of how disasters and disaster preparedness can have a profoundly different effect on older adults compared with younger populations, especially related to mental health care. Social workers, mental and physical health care workers, policy-makers, program developers, teachers, emergency management professionals, and other professionals in the aging field will benefit from this book. The information will assist aging professionals as they seek ways to improve service provision as well as disaster preparation, response, and recovery.

The book begins with a clear and thorough introduction to emergency preparedness and current geriatric mental health practices, an overview of how older adults can be affected by disasters, and the mental and physical health issues associated with these emergencies. It also provides an example of a national collaborative network successful in geriatric emergency preparedness information dissemination and policy improvement. This section offers the reader, especially those without a strong background in disasters and emergency management, a good description of the mental and physical effects of emergencies on older adults and explains why they can be a vulnerable population in a disaster.

The next section of the book includes discussions of the coordination of services within state and local networks, the Canadian national model of geriatric disaster preparedness, an example of supervision and facilitated reflective practice used for geriatric preparedness services, how to make a community plan from the public health perspective, self-help tools for older adults and their caregivers, and finally the role of volunteers in emergency preparedness and response. Of particular importance in this section is an often-overlooked subject: how best to improve the way services, resources, and organizations within a community can work together to improve emergency preparedness and response. By providing the Canadian examples of collaborative approaches, the book offers a varied perspective on how emergency management can differ in diverse locations. The examples provide new ideas for readers to develop disaster preparedness programs within their own agency or organization. Finally, the authors reconfirm the previously stated conclusion that disaster response can vary by location.

The third section provides a solid overview of the current state of research on different clinical responses to meeting the needs of older adults during a disaster, including psychosocial and pharmacological interventions, case management, and the often-overlooked complementary and alternative medicine approaches.

Authors discuss and classify mental and physical health problems in the next section. One chapter describes the effectiveness of an interdisciplinary treatment team and how it can be used before and after a disaster. The authors give an example of the interdisciplinary team process and provide an in-depth problem-solving simulation for disaster preparedness. This section also includes an overview of geriatric assessment for differential diagnosis and offers examples of how to identify normal bereavement and grief in disasters. Through the use of examples, the authors simplify various approaches to emergency management.

The final section focuses on the varying effects of disasters on special populations, including combat veterans with post-traumatic stress disorder, people with Alzheimer's disease and related disorders, and disaster-related elder mistreatment. This is an especially important section in which authors identify subgroups within the older population that can be more susceptible to the effects of a disaster. Researchers and health professionals in the field often overlook these special populations of older adults, making this information of particular use to readers.

Researchers, practitioners, and policy-makers have debated whether older people should be considered a special group, like children, women, and those with disabilities, in which a special focus is given for disaster preparedness and response. Both of the reviewed books point out that it is not age, as a number, that can create vulnerability among older adults but age-related physical, mental, and social status of an individual. In addition, not all older adults should be considered vulnerable in a disaster. In an emergency situation, older adults can be a resource not only to other older adults but to the greater community.

Ultimately, the media, especially over the last decade, have helped the general public to understand the devastating effect disasters can have on people. Often, it is only in the event of a devastating and deadly disaster, such as Hurricane Katrina,

that researchers, practitioners, and policy-makers invest time and money into improving response and recovery for older adults. Together, these books provide a much-needed addition to the disaster and older adult literature, and they should encourage and influence the further development of necessary research and practice development, a goal that was expressed clearly by the authors.

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